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FACSIMILE COVER SHEET

TOTAL NUMBER OF PAGES BEING SENT: 3

☐ Original documents to follow by mail ☒ No originals will be sent

DATE: September 1, 2006

TO: Examiner Carol Koslow
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612.746.3006 faxApplication No.: 09/841,255
Applicant: Kambe et al.
Due Date: September 7, 2006

OUR REF.: 2950.01US02

FROM: Peter S. Dardi, Ph.D.
PHONE #: 404-949-5730

Attached is the following for filing in the above-identified application.

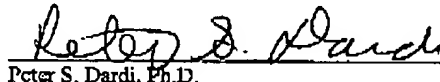
- (1) Request for Continued Examination Transmittal;

Respectfully submitted,

Peter S. Dardi, Ph.D.
Registration No. 39,650

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below.

September 1, 2006
Date
Peter S. Dardi, Ph.D.

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Attorney Docket No. 2950.01US02

REQUEST FOR CONTINUED EXAMINATION
(RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 09/841,255, filed April 24, 2001 for: ABRASIVE PARTICLES FOR SURFACE POLISHING, by: Nobuyuki Kambe and Xiangxin Bi.

1. Submission required under 37 C.F.R. § 1.114

- a. ☒ Previously submitted
☒ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on August 2, 2006 in said prior application.
☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____
☐ Other _____
- b. ☐ Enclosed
☐ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
☐ Affidavit(s)/Declaration(s)
☐ Information Disclosure Statement (IDS)
☐ Other _____

2. ☒ The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	19	- [22]**	=	x 25	\$0.00		x 50	\$
Indep.	5	- [5]***	=	x 100	\$0.00		x 200	\$
RCE fee				+ 395	\$		+ 790	\$
Mult. Dep.			=	+ 180	\$		+ 360	\$
TOTAL					\$395.00	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim (MDC)

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

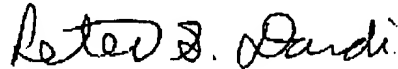
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

RCE of U.S. Application No. 09/841,255
Filed April 24, 2001

3. [X] The Commissioner is hereby authorized to charge Deposit Account No. 58-3863 in the amount of 395.00 (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 50-3863.

Respectfully submitted,



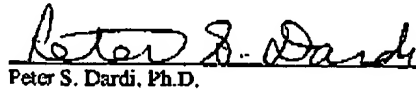
Peter S. Dardi, Ph.D.
Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 50-3863.

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September 1, 2006
Date


Peter S. Dardi, Ph.D.